



AP/3739
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TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number	10/010,911
Filing Date	November 20, 2001
First Named Inventor	CHORNENKY, Victor I.
Art Unit	3739
Examiner Name	SHAY, David M.
Attorney Docket Number	PA775 CON3

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
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Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Medtronic Vascular, Inc.		
Signature			
Printed name	Catherine C. Maresh		
Date	October 24, 2005	Reg. No.	35,268

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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Typed or printed name	Kimberly Melvin	Date	October 24, 2005

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By: _____

Kimberly Melvin

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No.	:	10/010,911	Confirmation No.:	6127
Applicant	:	Victor I. Chormenky		
Filed	:	November 20, 2001		
TC/A.U.	:	3739		
Examiner	:	Shay, David M.		
Docket No.	:	P775 CON 3		
Customer No.	:	28390		
Title	:	DEVICE FOR DELIVERING LOCALIZED X-RAY RADIATION TO AN INTERIOR OF A BODY AND METHOD OF MANUFACTURE		

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Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL OFFICE ACTION UNDER 37 C.F.R. § 1.116

Sir:

In response to the Final Office Action mailed August 25, 2005, please amend the above-identified application as set forth below.

Amendments to the Claims are reflected in the listing of claims which begin on page two (2) of this paper.

Remarks/Arguments begin on page five (5) of this paper.